

Office of Health Care Assurance

21 MAR 18 A8 24

State Licensing Section

STATE OF HAWAII
DOH-DHCA
STATE LICENSING**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

Facility's Name: Padre, Norma (ARCH)	CHAPTER 100.1
Address: 94-607 Mahoe Street, Waipahu, Hawaii 96797	Inspection Date: January 12, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

<div><input checked="" type="checkbox"/></div> <div>§11-100.1-23 <u>Physical environment</u> (o)(1)(D)</div> <div>Bedrooms:</div> <div>General conditions:</div> <div>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</div> <div>FINDINGS</div> <div>Plastic bins, cardboard boxes, and household items stored in vacant residents' bedroom #1 and living room.</div>	<div>PART 1</div> <div><u>DID YOU CORRECT THE DEFICIENCY?</u></div> <div>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</div> <div><i>Removed and Relocated all cardboard boxes, and household items stored in bedroom #1 and living room.</i></div> <div><i>2-18-21</i></div>	<div>MAR 18 A8 25</div> <div><i>Yes</i></div> <div>STATE OF HAWAII DOH-ONCA STATE LICENSING</div>

<div data-bbox="273 186 315 219"><input checked="" type="checkbox"/></div> <div data-bbox="346 186 955 219">§11-100.1-23 <u>Physical environment.</u> (o)(1)(D)</div> <div data-bbox="346 219 462 243">Bedrooms:</div> <div data-bbox="346 276 546 308">General conditions:</div> <div data-bbox="346 341 955 438">Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</div> <div data-bbox="346 470 472 495"><u>FINDINGS</u></div> <div data-bbox="346 495 955 560">Plastic bins, cardboard boxes, and household items stored in vacant residents' bedroom #1 and living room.</div>	<div data-bbox="1270 186 1386 219">PART 2</div> <div data-bbox="1228 259 1438 300"><u>FUTURE PLAN</u></div> <div data-bbox="987 332 1680 446">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</div> <div data-bbox="997 495 1774 1331"><p>Using my Monthly Calendar, I have attached a Note at the Top to: Verify that Cardboard board and Household items are not placed or stored in any of patient's bedroom and living room. Such items would be stored in a Separate designated Area. Will update and train Substitute care givers</p></div>	<div data-bbox="1711 235 1995 284">21 MAR 18 18 25</div> <div data-bbox="1732 332 1942 430">STATE OF HAWAII DOH- OHCA STATE LICENSING</div>
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Licensee's/Administrator's Signature: Norma Padua

Print Name: NORMA PADUA 21 MAR 18 A8 25

Date: 3-16-21

STATE OF HAWAII
DOH-OHCA
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